

Account #: _____ Registration #: _____



Town of Maxton

Business Registration Application

Term of Registration: July 1 through July 30

Application Date: _____ Federal ID/SSN: _____

Business Name: _____

Owner: _____ Email: _____

Manager: _____ Email: _____

Business Type: Sole Proprietorship Corporation Partnership Other

Physical Address: _____

Phone #: _____ Fax #: _____

Alt Phone #: _____ Website: _____

Mailing Address (if different) _____

Nature of Business: _____

Days and Hours of Operation: _____

Is this business regulated by a state occupational board? Yes No

If yes, State of Issue: _____ License #: _____ Expiration: _____

Does the nature of this business require bonding? Yes No

If yes Bonding Co.: _____ Bond #: _____ Expiration: _____

I hereby certify that I have the appropriate authority to act on behalf of the business named above. I further certify that all representations made in this form, and any associated forms, is true and accurate to the best of my knowledge.

Signature of Applicant

Date